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A CASE OF FIBRO-PLASTIC TUMOR OF THE BASE OF THE SKULL, ASSOCIATED WITH LEUCOCYTHÆMIC CHANGES IN THE BLOOD AND SEVERAL GLANDULAR ORGANS.

By J. B. TREADWELL, M.D., of Boston.

L. G., æt. 22; height 5 feet 4 inches; weight in health 140 lbs. Sanguineo-lymphatic temperament; fair complexion; brown hair. Always well until commencement of present disease. Mother died of pulmonary phthisis at 49, and one sister of the same disease at 21; otherwise no hereditary disease in family. Married at 19, and gave birth to a child in 1866, which is now healthy and robust; became pregnant again in July, 1867, and aborted in September of the same year. Menses appeared only twice subsequently.

In June, 1867, a small, hard tumor was noticed in the right parotid region, which grew slowly for one year. Subsequently several smaller ones appeared, some of them extending along the submaxillary region. Six months after the appearance of the primary tumor on the right side, a similar one appeared in the same locality on the left side, which in turn was followed by several smaller ones in and about the parotid and submaxillary regions of the same side. She suffered pretty constant and severe pain in and about the original tumor of the right side from the time of its appearance until two or three months previous to the time of her decease. There was never any severe pain in the left side.

Three months since three or four small patches of ulceration appeared in the skin about the right temporal region, and continued in this condition until her death. These ulcerations, however, were very superficial. About two months since the right eye became unnaturally prominent and continued so for some time, when a small discharge of pus took place from two openings —one just under the supra-orbital ridge, and another just over the inferior border of the orbit—after which the eye resumed its natural position and appearance. About the time the eye became protuberant it also lost the power of vision and motion, and paralysis of the upper lid also occurred. There was no anæsthesia of the globe of the eye or integuments of the head and face. Neither was there any strabismus at any time. All the other special senses were perfect, with the exception of that of smell, which was somewhat impaired. About this time she also became subject to mild clonic convulsions, which generally came on while she was sleeping, and lasted from five to thirty minutes, and occurred several times during the day and night. These continued until the time of her death.

During the last two or three months of her life respiration was performed entirely through the mouth, the nasal passages being obstructed.

During the first six or eight months of the disease the general health suffered comparatively little; subsequently it gave way, and during the last six months of her life she was confined to the house, and for the last two or three months to her bed. She became extremely emaciated during this time.

The appetite was good and digestion well performed throughout the entire duration of the disease, although for some time previous to her death there was some trouble in taking food, owing to a partial closure of the jaws and difficulty of deglutition, both being apparently produced by the pressure of the enlarged glands. There was no diarrhœa at any time. She was patient and cheerful, thinking until a short time before her death that she might recover. She continued to fail, however, becoming more and more prostrated, and died February 23d, becoming comatose three hours previous to her death.

The first time I saw her, 11, A.M., Feb. 3d, 1869, I obtained a specimen of blood from the tip of one of the fingers, which showed the white corpuscles to be considerably increased, there being from twelve to seventeen in a microscopic field of moderate size—the same field showing only one, and

in some instances none, in blood from healthy persons. The temperature in the axilla at this time was 97°. The urine was normal. Another specimen of blood obtained Feb. 6th, six hours after the last food had been taken, showed a somewhat larger number of white corpuscles.

Sectio-cadaveris forty hours after death. Emaciation extreme. Rigor mortis slight. Chest 25 inches in circumference. Arm 4 inches in circumference around biceps. Thigh 7 inches in circumference at middle. A mass of glands in right parotid and submaxillary regions two-thirds the size of the closed fist; one gland, two by two and a half inches superficially, in left parotid region, together with several smaller ones in submaxillary region of the same side.

Head.—Several patches of ulceration in right temporal region involving only the skin, the underlying periosteum being healthy. Considerable serum in arachnoidal cavity. Brain rather less firm than usual, but no real softening. On removing the brain a morbid growth was found, involving the body of the sphenoid and basilar portions of the sphenoid and occipital bones, and extending into the right middle fossa of the base of the skull. The growth surrounded the second, third, fourth and fifth nerves of the right side, and the third and fourth of the left side. The bones involved by the disease were partially destroyed—absorbed. The portions remaining were cut through and the growth found to involve the ethmoid and portions of other surrounding bones, and partially filled the nasal cavities. Three or four mucous polypi occupied the remaining portion of the nares. The right orbital roof was cut through, and the post-ocular cellular tissue and eyeball found to be in a healthy condition, there being no evidence of having been suppuration in the orbital cavity. The morbid growth did not extend into the cavity of the orbit. The dura mater covering the growth appeared to be healthy.

Thorax.—Thymus gland enlarged, three and a half to four inches in length. Two ounces of fluid in pericardium. Heart normal; some coagulated blood in left side, and a firm white coagulum one-half inch in diameter in right ventricle, extending through pulmonary orifice and firmly interwoven with the columnæ carneæ; no blood in right side. Large venous vessels filled with dark colored fluid blood. Lungs pale anteriorly and somewhat congested posteriorly. Slight adhesion of right anterior pleural surfaces. One small cavity one-half inch in diameter in left apex, containing liquid pus; no communication with bronchia. Pleural wall of cavity one line in thickness, with no marks of pleuritic inflammation. Small portion of right apex filled with grey granulations, also one small cheesy mass.

Abdomen.—Liver, stomach, spleen and kidneys normal. Right ureter enlarged in diameter and constricted at entrance to bladder. Intestines normal, except one small glandular-looking patch, situated five feet above the ileo-cæcal valve, presenting the shaven-beard appearance of a Peyer's patch. Supra-renal capsules enlarged; three and a half inches in length, seven-eighths of an inch in breadth, and three or four lines in thickness in the thickest portion, and of a yellowish-red color. Pancreas slightly larger than usual. Organs of generation normal. The remains of a true corpus luteum, containing blood-pigment, were found in the right ovary, and a cyst three lines in diameter filled with reddish serum in the left.

Blood taken from the large internal venous vessels contained a relatively large number of white corpuscles, that taken from the splenic vein containing a very large number; one specimen showing fifteen white, to one hundred and fifty red, corpuscles. The white corpuscles in all the specimens examined were of full size.

Microscopic examination by Dr. John Homans showed the glandular tumors and the morbid growth at the base of the brain to be composed of small spherical and ovoid cells containing distinct nuclei and somewhat granular, together with more or less nucleated fusiform cells, but there were very many less of these latter in the glandular tumors than in the other morbid growth.

At the request of Prof. J. B. S. Jackson, I sent the specimen obtained from the base of the brain to Dr. Robert T. Edes, of Hingham, for minute dissection. The following is his description:

"The morbid growth seemed to be connected with the basilar portions of sphenoid and occipital bones, involving also the petrous portion of the temporal bones to a slight extent—the right the larger. Anteriorly I could not say very well what bones were involved, except that I recognized the clinoid processes anterior and posterior. The dura mater was spread over the upper surface and presented foramina for the passage of nerves; of these the second (optic) on the left side rested in a notch on the anterior portion of the tumor, and was apparently healthy. On the right side the notch was deeper and the distal extremity of the piece remaining with the specimen

was softened, and of a yellowish hue. Microscopically it presented many fat-granules, although a considerable portion of normal substance remained. The right nerve of the third pair was more deeply buried, and was adherent to the surrounding substance—was thickened and reddish. At the enlarged portion it presented a considerable proportion of fibrous tissue. At the point where it divided into its two branches to be distributed to the muscles of the eye, one branch contained much fibrous tissue, and few, if any, nerve tubes. Some parallel fibres were seen which were probably nerve fibres deprived of the medullary substance, since they did not present the usual dark bordered appearance. The other branch showed a very well marked condition of fatty degeneration, nearly all the fibres being dark and granular. The fourth nerve was found on neither side.

"The fifth was—on the right side—so deeply buried in, and closely united with the antero-lateral portion of the tumor that the branches a short distance beyond the Gasserian ganglion were very difficult to trace. The one which I did trace and which was probably the inferior maxillary division, was apparently healthy to the eye and to the microscope.

"The growth itself seemed to consist of fibrous tissue, with a great many small oval or elongated nuclei."

The fourth nerve on the right side had degenerated to a mere filament, and had probably been torn away in consequence of the prolonged handlings and examinations to which the specimen had been subjected previous to its being seen by Dr. Edes; on the left side the tumor was cut very near to the fourth nerve, which was probably likewise torn away.

A few points in this case are worthy of special notice.

The slow development of the disease and the still slower deterioration of the general health; the disease existing at least twenty months, and the patient being able to be about until a short time previous to her death.

The large relative increase of the white corpuscles of the blood taken in connection with the enlarged thymus and lymphatic glands and supra-renal capsules.

The loss of the physiological functions of some of the nerves involved in the morbid growth at the base of the skull, although the functions of the different nerves do not seem to have been impaired strictly in proportion to the apparent extent to which they were respectively involved by the disease. The right optic lost its function, as shown by the blindness of the eye of that side, the growth involving the nerve at some distance anterior to the optic commissure, which remained healthy. The substance of the right nerve of the third pair—motores oculorum—and also the right one of the fourth pair—pathetici—being involved, we should have expected loss of motion in the right eye, together with paralysis of its upper lid, and such was the case. Although the fifth nerve of the right side was deeply buried in the morbid tissues its functions were not much disturbed, which fact harmonizes perfectly with the result of the microscopic examination of its structure. The integumentary ulcerations in the right temporal region may have been due to degeneration of the auriculo-temporal branch, although, as previously stated, I could not detect any loss of sensation in any portion of the integuments covering the head and face. The functions of the other cranial nerves did not suffer impairment, with the exception of the sense of smell, which would of course be interfered with, in consequence of the existing obstruction of the nasal passages.

And lastly, the large relative increase of the white corpuscles of the blood, taken in connection with the enlarged thymus and lymphatic glands and supra-renal capsules, giving the case a decidedly leucocythæmic aspect when viewed independent of the growth at the base of the skull—as it was during life.

The morbid growth seems to have been identical with the *fibro-plastic* growth of Lebert and Paget, and the *sarcoma fusiforme* of some of the German pathologists.

What was the nature and cause of the disease? Was the morbid growth at the base of the skull the primary and main disease, and the glandular enlargements and increased number of white blood corpuscles mere sequelæ and concomitants? or were the whole series of pathological changes due to some abnormity of the blood-making organs or processes? or did the case present two different diseases, each independent of the other? The increased number of white corpuscles, the enlarged thymus gland and supra-renal capsules, and perhaps the enlarged lymphatics about the neck, all belong to leucocythæmia.

Drs. L. Damainville, W. H. B. Post, C. F. Roberts, and Albert Strang have received appointments as Sanitary Inspectors for the Board of Health in New York.

DISEASE OF THE SUPRA-RENAL CAPSULES, WITH A CASE.

Read before the Worcester North District Medical Society, Jan. 12th, 1869, by ALFRED HITCHCOCK, M.D., Fitchburg, Mass.

IN examining the anatomy of the supra-renal capsules, we find them largely endowed with bloodvessels and nerves; but without cavities or excretory ducts. Some anatomists state that no other organ of the body is so richly endowed with nerves. The physiology of these bodies is entirely conjectural. Dr. Wharton, in the last century, called them "nerve ganglions," and assumed a connection between them and the spinal cord and sympathetic nerve. Kölliker, a late German pathologist, thinks there is a connection between these organs and the brain, and the anatomical resemblance between these bodies and the solar plexus, as revealed by the microscope, is remarkable; the cell-formation is said to be very like nerve-cell, if not identical with it. Certainly their minute anatomical structure is very different from that of the thymus and thyroid glands, with which they are often associated. It has been observed by anatomists that in negroes and other dark races the size of these bodies is relatively greater than in the white races. This fact has been followed by the inference that these bodies were in some way associated with the genital organs, which are well known to be more largely developed in negroes than in the white races. Dr. Brown-Séquard has shown that injury of the spinal cord above the supra-renal capsules is followed by hypertrophy of these bodies; and that their removal from living animals is followed by an accumulation of pigment in the blood, and his hypothesis of their function is "to prevent the formation of pigment in the blood." These bodies are known to have been the seat of tubercle, of cancer and of cystic tumors; of apoplexia, degeneration and hypertrophy; and yet the diagnosis of disease of these bodies is hardly possible, except in that stage of disease which is now well known to be associated with a "bronzed skin." Dr. Addison,* the senior physician of Guy's Hospital, London, after a long and laborious research, and after watching a large number of cases during life, and verifying the pathology after death, has established the fact that a peculiar degeneration and hypertrophy of the supra-renal capsules is associated with a peculiar variety of bronzed skin. His cases show, in their history, great nervous and mental prostration, a flabbiness of the muscles, great breathlessness, epigastric pain or uneasiness, and nausea, increasing debility, and, generally, sudden death. Emaciation is usually not great; and sometimes, or very often, the disease exists with a large amount of adipose deposit in all parts of the body, although the patient is decidedly anæmic. In these cases the supra-renal capsules are usually enlarged, hardened, and of a yellowish color; quite often they cross the vertebræ and coalesce as one body. Minute dissection and the use of the microscope simply show negatively that the enlargement is neither tuberculous nor cancerous, but something resembling (to the eye) a fibro-plastic growth, presenting under the microscope amorphous granules in a net-work of delicate white tissue. The bronzing of the skin in these cases may be general or very limited, and usually begins on old cicatrices, or about the face, the nipples, or the genitals, or on the knuckles, the elbows, or the epigastrium. The skin at the points of discoloration appears unchanged in structure—the rich "*bronzing*" is all that is noticeable. In this respect the staining is unlike "*moth patches*," or "ephelis hepatica," or "maculæ hepaticæ," or the copper-colored eruptions of tertiary syphilis, or the straw-colored hue of anæmia. There is no desquamation, nor any kind of moist or dry exudation, and the bronzing cannot be *washed* or *rubbed* off. In Dr. Addison's cases the shade of coloring differed: in some it was of a mulatto hue, and in others like that of a quadroon; in some it was general, but in most it was marbled, selecting, as before stated, flexures of joints, cicatrices, and points near where the skin and mucous membranes coalesce. In some of the *marbled* cases the intervening skin appeared of a pearly whiteness by contrast, as though the pigment might be defective in some parts and deposited in excess in others. Dr. Addison found also that the peritoneum and pleura in these subjects exhibited the same bronzed discoloration in spots.

Disease of these bodies may be acute or chronic; and, according to Dr. Addison, the "bronzing" follows in the same order. Cases are reported which lasted from two months to seven years. In some, the disease has seemed to give a *truce* of a few months or years, ultimately returning and destroying the patient, and giving an opportunity to verify the pathology. In the summing up of this subject (with characteristic modesty), Dr. Addison says:—"My ex-

* Dr. Addison died in 1860, aged 67.

perience, though necessarily limited, obliges me to consider the disease as *frequent*, and one which, when we shall have become familiarized with its symptoms and progress, will lead us to discover instances which, in the present state of knowledge, pass unheeded or undetected. I am satisfied that if a partial disease of the supra-renal capsules gives rise to a condition and symptoms too equivocal to authorize a confident diagnosis, a more extensive lesion produces a group of phenomena sufficiently well marked to make us not only suspect the source, but even confidently affirm that it depends on a disease of the capsules. When the pathological alteration of these organs is acute and rapid, I believe that the anæmia, prostration and peculiar discoloration of the skin pursue a similar course. In every case, whether acute or chronic, *when the disease has included the whole of the two capsules, death has been the inevitable result.*"

It was my privilege to see Dr. Addison's cases of this disease in Guy's Hospital in 1851 and 1852, and to hear from his own lips the history of the cases and the results of some of his *post-mortem* examinations. In 1855 he published his monograph on the subject. In 1856, Dr. Hutchinson, of London, wrote a review of Dr. Addison's book, and analyzed his cases, and came to the following conclusions.

"1st, No single case has yet been recorded in which a well-marked bronzed condition of the skin existed and recovery ensued, nor in which, after death, the supra-renal capsules were proved to be healthy.

2d, "No single case has yet been recorded in which, after death, both supra-renal capsules were found disorganized by chronic disease, and in which the skin during life had not assumed the bronzed condition."

Since this was published cases have been reported which seemed to conflict with these statements, although in the main Dr. Addison's and Dr. Hutchinson's conclusions are sustained, so that we may now consider this disease about as well established as "Bright's disease"; or as "leucocythæmia," as established by Bennet and Virchow. It is a little remarkable that these three diseases have all been identified by men of the present generation, all belong to the *cachexiæ*, and are all about equally intolerant of remedies.

The researches of Dr. Addison and of all who have followed him in studying the pathology of the supra-renal capsules, lead to the conclusion that these bodies exercise an important, but unknown function; that they possess an intimate and important connection with the organic system of nerves; that their morbid condition modifies the relative quantity of the pigment of the blood; that they are subject to all the usual results of inflammation in other tissues; that they are also subject to *cancer*, *tubercle*, atrophy and hypertrophy, as well as to a peculiar enlargement, induration and degeneration which is unique and unclassified; with all of which morbid conditions there is always associated more or less *bronzing of the skin*. Disease of these bodies may be independent of any other local affection, or may be associated with disease in other organs; but in either case there is anæmia, and all those depressing symptoms which attend exhausted vitality. When both organs are involved so as to suppress their function, whatever that function may be, death is the result. It is quite probable that when only one capsule is involved the patient may recover and live for an indefinite time. Of remedies we know none except such as are usually given in cases of extreme debility from anæmia arising from other causes. The usual routine of tonics and good diet comprises about all that can be said on this subject.

The true diagnosis in these cases can seldom if ever be made out till the disease is far advanced, and even then we know of no remedy that promises relief except that class of agents and influences which restores vital power and builds up the nutrition and tone of the system.

In my own practice I have had but one well marked case of this disease, which I will here relate, and exhibit the morbid specimens for your examination.

Mrs. W., aged 25, of a sanguine and nervous temperament, with dark hair and eyes, and a mixture of the brunette and florid in her complexion. Was confined with her first child April 18th, 1866. For two or three years previous she had suffered a good deal from dyspepsia and chronic diarrhœa. During her pregnancy she was very well, became quite fleshy and had a very ruddy countenance. For the last three weeks she had a dry cough, and sometimes had faintness and dyspnœa. Her accouchement was attended with no unusual symptoms; the child was healthy, and every circumstance in her case for several days gave promise of favorable recovery. The secretion of milk was established, and the appetite and digestion seemed to resume their natural condition. She, however, continued weak, would easily faint, had a slight, dry, hacking cough, with some dyspnœa, and grew

very sensitive to all causes of physical or mental emotion. At the end of three weeks she rode out two or three times a short distance, but was evidently too weak for the effort. The last time she rode out she unfortunately encountered the shocking sight of a horse impaled on a picket fence, completely eviscerated, and dying by the roadside. This produced a very severe shock. She immediately became alarmingly faint, was carried home, took to her bed and was never again able to be raised fully up in her bed without fainting. From this time the milk wholly disappeared. The appetite diminished and became capricious. The pulse, which had been a little quicker than natural since her confinement, now rose to 100 and 120, and was very soft and feeble. There was almost constant nausea, with epigastric pain or uneasiness; sometimes pretty severe pain in the right lumbar region, and occasionally fugitive pains about the chest. She was almost constantly troubled with breathlessness, as if wanting more air without the strength to inflate the lungs. There were no physical signs of thoracic disease; there was no diarrhœa, no sore mouth, no sweating, no morbid discharge from the kidneys or bowels, no chills, no fever, save, perhaps, a flush over the malar bones for the last few days of life, no delirium till in articulo mortis.

About two weeks before death the skin assumed a dark, dingy look, more manifest in spots; the appearance being dirty, as though soap and water would remove it.

Dr. Woodward, of Worcester, who with Dr. Colony saw the case with me, first suggested the possibility of supra-renal disease in this case. These spots very soon became bronzed of a very deep color, leaving no doubt in our minds of the true nature of the disease.

The bronzing was chiefly manifested on the breasts, at epigastrium, around the navel, and lower part of abdomen, at the knuckles and knees, and wherever there was a cicatrix, or any irritation or abrasion of the skin had existed. All the symptoms of debility, with the bronzing of the skin, continued to increase till death, which took place June 6th, about seven weeks after confinement. A *post-mortem* examination was made the following day, Drs. Colony, Miller and Rice being present.

There was a good deal of adipose tissue on the body, and the bronzed spots were even more manifest than before death. There was a very slight adhesion of the apex of the left lung, and in the vicinity were a few small tubercles, and one cavity about the size of a pea. The right lung had a few very small tubercles at its apex. The bronchial tubes contained a good deal of frothy mucus or serum, which was evidently one of the last changes before death. The heart was soft and flabby, as were all the muscular tissues of the body.

The stomach and intestines showed no disease, though they were very thin and pale. The liver appeared natural, except that there was a studding over the surface of minute pale white spots, as though minute drops of milk were flattened underneath the peritoneal surface.

The kidneys, pancreas, mesenteric glands and genital organs were perfectly healthy. The supra-renal capsules were greatly enlarged, dense and yellow, and coalesced into one mass across the spine. When first removed they were five and a half inches long and of a width varying from one to two inches, semi-lobulated, and with curvilinear margins; the average thickness was about half an inch. They were yellow, dense in structure, and had a feel and an appearance under the knife, intermediate between scirrhus and hard tubercle; and under the microscope nothing was revealed to identify them with either.

CEREBRAL AMAUROSIS.

By Dr. Io. Meyer, K.K. Kreisphysicus in Steyer.

[Translated for the Journal by B. Joy Jeffries, A.M., M.D., from the Vienna Weekly Medical Journal.]

(Continued from page 76.)

That *apoplectic effusions* may sometimes cause amaurosis is readily conceivable. I speak only of cases where this symptom was of special import. Of seven cases (reported by Dunn, Risdon and Bennett, Kanka, Henkel, Weber, Beck and Romberg), the extravasation was twice in the corpus striatum, twice in the hemispheres, once in the optic thalami, once in the crus cerebri, and once in the cerebellum. In the last case, the anterior part of the right cerebellum was softened to a pulp, the cerebral vessels atheromatous, especially the arteria vertebralis; the optic nerves soft and atrophic. There was marked sexual excitement in this case, weakness and stiffness in the left foot, and severe pain in the back of the head. In Risdon and Bennet's case, as also in Kanka's, there was organic disease of the heart and an atheromatous condition of the cerebral arteries; in two other cases, this latter. In one case the effusion was in the middle of the left corpus striatum, and paralysis of all the voluntary muscles of the

right half of the body. In Kanka's case there was blindness of the right eye, reduced vision in the left, palpitation, headache, with great weakness. There was found insufficiency of valves of the aorta from ossification, dilatation of left ventricle, the right internal carotid dilated and atheromatous, as also the ophthalmic, the optic nerve up to the chiasma altered to a thin string, the left one apparently unchanged. In the left anterior cerebral lobe, near the corpus striatum, a not very old apoplectic effusion the size of a walnut. In this case it seems that the apoplectic effusion was not so connected with the ocular trouble which had previously commenced as with the disease of the ophthalmic artery and heart. In Romberg's case there was an old extravasation in the right and a fresh one in the left hemisphere. Symptoms of muscæ volitantes and phantasm preceded the blindness. Paralysis, of course, accompanies these cases.

Hardening of the brain, with troubled vision, is reported by Horoship (Abercrombie, l. c. 251), by Spanton (*Med. Times*, May, 1863), and by Romberg (Lehrb. d. *Nervenkrankheiten*, I. p. 193). The first case was that of a boy who had been struck on the head with a ruler; a tumor formed and discharged pus for six years, and then healed, upon which dimness of vision and epilepsy occurred; section showed the pia mater inflamed at the point of injury, and the whole middle cerebral lobe hardened. In Spanton's case the left crus cerebri and the anterior part of the commissure was hard and fibrous, the left oculomotorius thinner and bluish; there was corresponding paralysis of the left oculomotorius, and paralysis of motion and sensation of the right half of the body and face; diminished accommodation *left*, is all reported. In Romberg's case there was hardening of the inner edge of both posterior lobes of the cerebrum and of the cerebellum, besides four ounces of yellowish serous fluid filling the dilated left ventricle. The most marked symptoms here were headache, dizziness, vomiting, squinting of the right eye, dilatation of the pupils, convulsions and sopor.

Cases are not so very rare in which *aneurism of the cerebral arteries* caused amblyopia and amaurosis. Of eight cases (reported by Abercrombie, Hare, Barth, Middlemore, Ogle, Spurgin, Flandin, Delpech), the aneurism was three times in the left communicans post., twice in the internal carotid, twice in the art. corp. callosi, once in the art. cerebelli anter. sin. In two cases (art. corp. call. et art. commun. post.) there was no disturbance of vision. In these cases, besides headache and dizziness, there was paralysis of some of the ocular muscles and apoplexy noticed. In two cases the disturbance of vision was only on one side.

According to Lebert's investigations, aneurisms of the cerebralis media are much more frequent than of the other carotid branches, and he points out that dilatation of the carotis int. presses the optic, of the communic. post. the oculomotorius, of the communic. ant. the chiasma; therefore for the carotid system troubles of vision and motions of the eye are of importance, and in aneurism of the carotid itself progressive amaurosis may appear upon one or both sides. A long latence precedes the marked symptoms. At first, general signs of organic cerebral disease, then pressure on individual nerves, troubles of the intelligence; later, paralyses and apoplectic attacks. The course is at first quite slow, but paralysis may suddenly occur.

Of diseases of the spinal cord in which amaurosis was a marked symptom, I found eight cases reported, by Teschenmacher, Abercrombie, Melicher, Steinthal, Chariot and Vulpian, Kanka, Romberg, and one case from the Vienna hospital. Among these, there was once softening of the medulla oblongata, induration of the same once, induration of the cervical portion once, induration of the anterior and posterior roots once, atrophy of the cord once, and breaking down of the connective tissue of the posterior roots once. In the majority of cases vision faded gradually, dimness preceding; headache only once; the other senses, hearing and smell, were each once affected; speech in two; swallowing troubled in one case; the special peculiar symptoms of spinal disease occurred, however, in all these cases—troubles of motion and sensation, feeling of constriction, trembling, &c. In Kanka's case, the amblyopia was complicated by tetanus. An apprentice, æt. 20, took cold whilst convalescent from typhoid fever, and severe pains in the limbs and temporary immobility appeared; there remained a gradually increasing dimness of vision, which went on to total blindness; the pupils moderately dilated, and repeated attacks of muscular stiffness and tetanic cramps. The spinal column was tender on pressure over the upper four dorsal vertebræ. Death occurred some two months after his reception, during such an attack. The spinal cord was found softer than common; the meninges somewhat infiltrated with serum.

Cases remain to be spoken of in which original *disease of the cranial bones* was the cause of amaurosis. In six such cases (reported by Abercrombie, Wepfer, Lyell and the Report of the Vienna Hospital, 1851–52), the disease was twice in the petrous portion of the temporal bone, twice in the left parietal bone, and twice also in the frontal and sphenoid bone. In one case, a medullary cancer, springing from the frontal bone and base of cranium, compressed the right corpus striatum; there was blindness on left, exophthalmus on the right, and paralysis of upper and lower extremities on left side. In another case (a fistulous opening of the left parietal bone into the cerebral hemisphere), there was paralysis of the extremities right, impairment of memory and slow articulation. In Lyell's case, a tumor of two ounces' weight lay in the left fossa orbit. of the parietal bone, and had affected the sphenoid where the foramen op. and lacerum pass through it, as also the nerves and vessels; a portion of the tumor surrounded the right optic. In this case, after a blow on the back of the nose, there appeared pain and deafness; later, an extended neuralgia of the trigeminus; and finally, after two years, increasing blindness, with paralysis of the motor nerves of the eyes. In those cases where the sphenoid bone was the seat of the disease, hearing was affected, as we should suppose. In two of six such cases there were epileptic attacks.

We can by no means determine from these briefly related cases, how often in these diseases the amaurosis was caused by them; for this a very much more extended statistical observation of cerebral affections would be necessary. We may, however, conclude that organic disease, especially cerebral tumors, and of these those in the hemispheres and hypophysis, very often produce amaurotic blindness. Blindness is always present where tumors, extravasations and exudations directly affect the optic or chiasma. According to Wunderlich, loss of vision may occur with the most manifold troubles; he, however, particularly mentions disease of the corpora quadrigemina, cerebellum, walls of the lateral ventricles, the middle and posterior lobes and the base of the brain. According to Lebert, there was trouble of vision in two fifths of the cases of cerebral tumors; and in 101 cases, 20—i. e. 20 per cent.—with total blindness. Whether blindness in these cases was on one or both sides, is seldom determined from the local disease. Morbid products at the base of the cranium, as also at the base of the brain, generally cause binocular amaurosis; so, too, with affections of the hypophysis. Graefe says (*Archiv. für Ophth.*, 7, 2, p. 67):—"Unilateral disease of the hemispheres, whether apoplexy, encephalitis or tumors, causes, if the visual centre is affected, only hemiopic trouble in one or both eyes; never, however, complete blindness of the same or opposite eye." But cases of bilateral amaurosis, even with unilateral cerebral disease, are more frequent than unilateral blindness; this, in the majority of cases, is explained partly by the pressure on the chiasma, partly by the morbid products, even when unilateral, pressing on the other half of the brain, or causing interference of circulation there. These latter often produce amblyopia, as we know that inflammation of the optic nerve and adjacent parts of the retina are caused by pressure of morbid tumors on the sinus cavernosus. The cases of the above where unilateral blindness alone existed are as follows:—

1. Pus in the left orbit and cranium,	Blindness, left.
2. Aneurism left art. communic. pressing on left optic,	" left.
3. Abscess left cerebral lobe,	" left.
4. Apoplectic deposit in right anterior cerebral lobe,	" right.
5. Softening of left corpus striatum,	" left.
6. Softening of left corpus striatum and thalamus opticus,	" left.
7. Hydatids, left hemisphere,	" right.
8. Three cases, tubercle in left half of pons,	" left.
9. Tumor in pons, reaching to right crus cerebri,	" right.
10. Medullary cancer in right crus cerebri and corpus striatum,	" left.
11. Cancer, left cerebellum,	" left.
12. Tumor, left thal. opt. and pons,	" left.
13. Hydatids, left opt. thal. (Romberg),	" left.
14. Tubercle in right corp. oliv., right half of chiasma and commencement of right optic nerve, and its optic tract infiltrated with tubercle,	" left.

According to Serres, anomalies in the optic thalami, and, according to Breschet, troubles of the anterior cerebral lobes, do not necessarily produce blindness.

Before I pass to the discussion of the symptoms accompanying these various organic cerebral affections, in order to connect their appearance with the organic disease and establish the diagnostic value, I would further add that among the cerebral tumors are included the hydatids and tubercle. Of the first, thirteen are noted. Four at the base of the brain, three in the hemispheres, two in the left lateral ventricles, two in the hypophysis, and one in the left optic thalamus. In twelve cases the tumor was recorded tuberculous; of these seven were in the hemispheres, three in the pons, one in the cerebellum and one in the hypo-

physis. As respects age, both hydatids and tubercle occurred much more frequently in young individuals, whilst the age in the cerebral tumors (mostly sarcoma and cancer) was very varying.

As respects the symptoms we must remember, that many of the diseases mentioned, especially cerebral tumors, may remain quite latent an indefinite time, and that this is particularly the case during their commencing development, so that the symptoms only become more marked as the growth of the tumor causes pressure upon the various parts of the brain, or upon certain nerves and nerve districts, or finally the circulation is interfered with. It is to be further noticed that towards the end of the complaint certain symptoms appear as so-called terminal phenomena in the most various cerebral diseases, and in the most varied seat of the same; amongst these are especially noticed sopor and comatose attacks, loss of sensation in the higher organs of sense and over the whole body, convulsive symptoms, general paralysis and general torpor, with emaciation. Death from apoplexy, coma and paralysis of the brain generally close the scene.

Pain in the head was present in nearly all the cases recorded, most constant with disorganization of the hypophysis, the hemispheres and the pons, also with softening and abscess. Pain in the head is relatively rare with hardening of the brain, and diseases of the spinal cord. In affections of the cerebellum it is present, and felt more in the back of the head. (According to Andral's observations there was pain in 26 out of 36 cases of cerebral tumors.) The seat of the pain does not always correspond to the seat of the disease. By reduction of the sensibility, pain in organic cerebral disease often intermits, so also often the pain in the head ceases entirely when total blindness has occurred. Pain in the head is always present in diseases of the pericranium and cranial bones.

Dizziness is a very inconstant symptom, especially, however, noticed with tumors of the hemispheres, in some cases of disease of the hypophysis and in aneurisms of the cerebral arteries.

Troubles of consciousness (sudden or oft recurring unconsciousness) are most frequent with diseases (tumors) of the hemispheres and softening of the brain. Attacks of sopor and coma are reported especially in cases of disease of the hypophysis, exudations at the base of the brain, formation of pus and cerebral abscesses.

Troubles of the mental faculties were noticed in several cases of disease of the hypophysis (5 times in 22 cases) and in apoplectic effusions (3 times in 7 cases).

Sopor was rarely reported as a symptom (only twice in tumors of the hemispheres, and in one case of tumor of the hypophysis, one, hydatids in the ventricles, and one with softening). *Sleeplessness* in two cases of cerebral tumor.

Apoplectic attacks occurred, besides the seven recorded cases of apoplectic effusions, three times in tumor of the hemispheres, once in tumor of the pons, once in multiple tumors, once in exudation in the ventricles, once in aneurism, and once in disease of the bones.

Epileptic attacks were recorded in tumors of the hemispheres four times, of the base of the brain twice, in multiple once; in disease of the bones twice, induration of middle lobe (previous injury) once, softening of the hemispheres once, abscesses of anterior lobes twice, aneurism art. cerebelli once.

Vomiting, so often observed in cerebral disease, was most constant in exudative processes on the surface and at the base of the brain (7 times in 8 cases), in tumors of the hypophysis (5 times in 22 cases), and of the hemispheres 4 times in 22 cases.

Hyperæsthesia of the nerves of sensation was seldom mentioned as a symptom (3 times in disease of the hypophysis); increase of sensibility occurs most frequently in the sense of sight and hearing.

[Hyperæsthesia of the optic (photopsia, phantasm) was particularly marked in two cases of Romberg's, where the optic thalami were affected. In one case (reddish-gray pulpy softening of left optic thalami, and cavity in posterior lobes of right hemispheres filled with olive-colored fluid), there was also dizziness and unconsciousness, weakness and then paralysis of the left arm, and apoplectic fits, after the second of which death occurred. A second case also ended fatally with apoplexy, in which there was headache and loss of vision, unconsciousness and impaired motion, and loss of speech. The left lateral ventricle was filled with a mass of bladder-like hydatids, and both optic thalami with the whole anterior cerebral lobe changed to a pulpy mass. Photophobia was also reported in one of Romberg's cases, in which there was softening of the septum lucidum, fornix, and the walls of the lateral ventricles.]

That in cerebral diseases other senses besides the visual should be affected, is, of course, natural; it depends upon the locality and extent of the affection. First of all this applies to hearing, and in the above

mentioned cases this sense was expressly noted as impaired or entirely destroyed in 17. In the majority there was disease of the bones (pars petrosa), also in tumors of the hemispheres, the pons and in multiple tumors. The participation of the other senses (smell and taste) occurred 10 times, 4 times in tumors of the hemispheres, twice in tumors of the pons.

Fardel (*Bull. de la Soc. Ant.*, Aout. 1836) observed a case of encephaloid of the right posterior cerebral lobe, a similar mass on the crista galli, in meatus auditorius and the cavity. The patient had pain in head and nasal hæmorrhage, became suddenly blind and deaf, first left, then right.

Impaired speech is a symptom which has lately been carefully studied in reference to the locality of the cerebral disease. Amongst the whole number of cases it was noticed 23 times; in 5 cases of disease of the pons and crus cerebri, in 4 tumors of the hemispheres, in 3 of disease of spinal cord, once each in disease of ventricle and softening of the brain, finally once each in multiple tumors, disease of the hypophysis, hardening of the brain (in pons and crus), abscess, apoplectic effusion (corpora striata), aneurism, and disease of the bones.

In most of the cases of impaired speech, where *post mortem* was made, there was softening of the brain, preceded by embolus and thrombus; also neoplasms (tubercle) in the several lobes. As a rule the *left* half of the brain was affected. Most frequently the softening affected the frontal lobes at the base, generally called by the Germans the first basal turn. Besides, in several cases of aphasia, there was softening of the corpus striatum, the lobus occipitalis, thrombus or embolus of the corresponding art. foss. Sylvii et art. cerebralis media, disease of the olivary (Schröder van der Kolk), and finally disease of the cerebellum. Romberg mentions 5 cases where difficulty of articulation existed, and softening of the corpus striatum was found.

According to Dr. Benedikt's observations the cerebral hemispheres seem to be bearers of the ideas of speech and writing, the frontal lobes the associating organ of the motions necessary for producing written and spoken thought, the corpus striatum the motor centre of the associated impulses of the coördinated movements from the cerebro-spinal axis further down. The cerebellum and perhaps also the olivary, may be the coördinative centre for speech. Spoken and written thought has, therefore, in the brain no one single central seat; trouble with speech without paralysis of the tongue in disease of the pons Varolii and crus cerebri indicates only disturbed transmission. As unilateral disease may cause trouble of speech, it would seem that the cerebral activity requisite for speech needs at least the combined action of the symmetrical parts of both halves of the brain. In Spanton's case (*Med. Times and Gaz.*, May, 1863) the left crus cerebri was found smaller and transparent like, hard above and behind, the anterier left part of the pons hard (strewed with fat cells and nucleated cells), the left oculomotorius thinner, blueish. Paralysis of motion and sensation of the right half of the body and face, paralysis of the left oculomotorius, the accommodation on left side reduced, speech not plain.

Broca has said that diseases of the left half of the brain are much more often accompanied with loss of speech, than those of the right, whilst Dr. Jackson reports 40 cases of trouble of articulation with right-sided hemiplegia, and only one case in which this difficulty was associated with left-sided hemiplegia. Stewart reports a case in which disease of the right half of the brain (hemiplegia of left side) was *without* impaired articulation, and later disease of the left half of cerebrum with loss of articulation. In a case of Peters's (*Gaz. Hebd.* No. 17, 1863) a case of aphasia occurred with softening of the third turn of the right cerebral lobe and obliteration of the right art. fossæ Sylvii.

Difficulty of swallowing was observed in tumors of the pons three times, tumors of hemispheres and hypophysis twice each, and twice in disease of the spinal cord.

Hyperæsthesia of cutaneous nerves, formication and dull feeling in the limbs (often precursors of paralysis), were most frequent in tumors of the pons, disease of the hemispheres and spinal cord. This symptom is seldom otherwise recorded.

Convulsions were pretty often noted in these recorded cases. They were most constant in pus formation and cerebral abscess (5 times), exudations of the meninges at the base (4 times), softening of the brain (4 times), and in tumors of the hemispheres (6 times in 22 cases). Otherwise this was not a very frequent occurring symptom. According to Romberg convulsions occur in tuberculous tumors most frequently preceding or accompanying paralysis, especially when they are in the cerebrum.

Weakness and paralysis, as troubled mobility, were much more frequent, and in respect to the diagnosis, particularly as to locality, of more importance. Such interrupted mobility was observed in the eyes

(as strabismus, luscitas, change of the pupil), and also in the limbs.

Troubled mobility of the eyes was expressed by strabismus, diverging squint when the oculomotorius, and converging when the abducens nerve was implicated. Such troubles were most frequent in affections of the pons and neighboring parts of the brain (6 times in 10 cases). Such ocular paralysis, especially from interrupted conduction through the oculomotorius, occurred also with tumors in the hemispheres and multiple tumors, exudations at the base, softening and abscesses in the brain, aneurisms and apoplectic effusion. Central causes affect the oculomotorius, especially the branches to the rect. inter. musc. and super., much more frequently than the nerv. abducens. Ocular paralysis is most frequently on the same side as the paralysis of the superior extremity. In some cases the *post mortem* perfectly explained the symptoms. In a case of Dittrich (*Prager Vierteljahrschrift*, 1845, B. IV.) there was a tuberculous mass in the under surface of the pons Varolii, in which the left abducens was bedded, the left vagus atrophic, and firmly attached to the neighborhood of the jugular opening, the upper part of the nerv. access. Willis thickened thrice its size, infiltrated; tubercle in the right corp. oliv. pressing the root of the hypoglossus and facialis; the left half of the chiasma, the right nerv. opt. and optic tract infiltrated; both optic thalami and corpora striata soft and spongy. The patient's voice was rough, afterwards lost, difficulty of swallowing; weakness, numbness and formication of the left hand, *amblyopia left*, luscitas of left eye with diplopia. In one case of Beck's (Amnon's *Zeitschrift f. Chir. und Augenh.* IV. 3 et 4) the hypophysis was hardened the size of a nut, the nerv. oculomotorius and abducens on the left side pressed outwards by it, nerv. optic unharmed, brain and spinal cord softened as far as first dorsal vertebra. There was convergent squint of left eye, motion of the pupil perfect, binocular diplopia, blindness occurring suddenly but lasting only a few minutes, later mental trouble, sopor and death. In amblyopia with tabies there is frequently ocular paralysis.

[Convulsive oscillation of both globes, with general convulsions and loss of vision, was marked in a child, where all the cerebral ventricles were distended twice their size and filled with a reddish serous fluid. A plastic exudation covered the chiasma at the base. The nerv. oculomotorii were bedded in a brawny mass, which held them fast.]

Dilatation of the pupil accompanied in the majority of the cases any continued amblyopia or amaurosis. This symptom means generally want of reflex irritation of the oculomotorius from lack of sensibility to light. When on the other hand the oculomotorius is directly affected by organic cerebral disease, dilatation of the pupil depends on paralysis of this nerve. Alterations of the pupil are especially to be regarded in paralysis and amaurosis from caries of the vertebræ or other spinal diseases. The dilator nerves of the pupil come from the cord near the sixth cervical to the third dorsal vertebra, and pass to the sympathetic through the rami communicantes; the central seats of the iris fibres are the upper and lower cilio-spinal region (from the middle of the rhomboid depression to the second cervical nerve, and from third dorsal to sixth cervical nerve). Any disease, therefore, affecting these parts will be accompanied with alterations of the pupil. These often are simple dilatation of one, whilst the other pupil remains of normal size, as was known in some cases of caries or distortion of the last cervical vertebræ (Rosenthal, *Wien. Med. Presse*, 1865). In a case of Schuchard's (*Deutsche Klinik*, 1864), where during life there was alternate dilatation and contraction of one, then of the other pupil, *post mortem* showed tubercle in the body of the lowest cervical vertebra, displacement from the fourth to sixth cervical and from seventh to eighth dorsal vertebræ; in the corresponding part of the cord there was degeneration of the nerve tubes, from nucleated cells and fatty degeneration of the vessels. In tabes dorsalis, where the hardening comes high up in the cervical portion of the cord, we have the pupil affected, generally dilatation of one. This may be due to a spasmodic condition of the dilator caused by inflammatory irritation or the commencing hardening. If, however, there is paralysis of the dilator, then we shall have contraction of the pupil, the same as we generally observe in spinal amaurosis. Unilateral dilatation occurs also with many cerebral diseases, especially tumors, with hydrocephalus, cerebral softening, and as an important symptom with so-called general paralysis of the brain.

[To be continued.]

In 1735 occurred the great epidemic known as the "throat-distemper," which has been supposed not unlike our diphtheria, and from this time dates the extensive use of mercurials, which were said to have been specially useful in its treatment.

Hospital Reports.

MASSACHUSETTS CHARITABLE EYE AND EAR INFIRMARY.

Some Cases in the Service of Dr. B. Joy Jeffries.

Separation of the Retina.—A laborer, æt. 22, awoke in the morning with sudden blindness of the right eye. Has had no pain or previous trouble. The ophthalmoscope showed a large retinal detachment upwards and outwards, extending over to the optic papilla. The papilla could be seen with its bloodvessels. The other eye is myopic $\frac{1}{12}$, and amblyopic to the extent of only counting fingers at 20 feet. The ophthalmoscope showed in it staphyloma posticum, and a large and irregular "crescent" two thirds round the nerve. There was, therefore, no doubt that the myopia depended on staphyloma, and that this in the right eye had been the exciting cause of the detachment of the retina.

Separation of the Retina.—A female domestic, æt. 24, without previous pain or other cause, has become suddenly blind in right eye. The ophthalmoscope showed detachment of the retina, and in the other eye a "myopic crescent" around optic papilla, vascular injection, and scattered pigment, pointing towards choroiditis as the cause of the retinal separation.

Piece of Iron in the Sclerotic.—A mechanic, æt. 44, has, from a chip from a chisel, a foreign body in the conjunctiva, between the inner canthus and edge of the cornea. On attempting to remove this with the forceps, it was found too firmly imbedded, and the conjunctiva was slit up, and a thread-like piece of iron, one fourth of an inch in length, was pulled out of the sclerotic. Although this was within the ciliary region, no trouble followed, and the wound in the sclerotic healed at once. No more pain or irritation was produced than would have been by any foreign body on the conjunctiva removed as soon as this was.

Amblyopia Potatorum?—A drinking man, æt. 46, has a central scotoma as a grayish-blue spot or blur, some two or three inches in diameter at one foot distance. The ophthalmoscope revealed nothing to explain it. Cathartic pills of blue mass and leeches to the temples relieved the head symptoms.

Peculiar Cystic Tumor of the Conjunctiva.—A boy, æt. 6, had, some twenty months previously, in Feb., a stick thrust into the left eye. The mother states that a piece of the wood not larger than the head of a pin remained in the eye till July, and was then removed. There is now a tumor on the inner and upper side of the cornea, encroaching a little on the latter. It lies round the cornea as it were, is quite prominent, seemingly translucent, and looks like conjunctiva filled with serum. Although it was apparently based on the sclerotic, it evidently was not a staphyloma of the sclerotic coat. With the idea that a foreign body might be within it somewhere, it was slit up, and the fluid, of a serous character, allowed to pass off. The bottom of it was found to be the sclerotic itself, and careful dissection revealed no foreign body. The patient was not again seen, as there was no other trouble with the eye. The chances are that it will again fill, unless some slight inflammatory action closes it from the bottom. No artificial irritation was attempted, as the sclerotic itself was laid bare. A similar case has occurred since.

Lens dislocated by a Blow.—A farmer, æt. 18, received, some two months since, a blow from a club over the left eye, and there is now a scar an inch long on the outer and upper border of the upper lid. There is a little exophthalmos. A sclerotic staphyloma up and in. The pupil dilated, the iris tremulous. The lens was seen by the ophthalmoscope to be dislocated up and back. Vision reduced to $\frac{1}{200}$. This unfortunate patient was a fortnight at home with the injured eye badly inflamed, during which time he, by advice, made use locally of *poppy leaves, raspberry leaves, acetate of lead, brandy, and arnica.* How much these tended to prevent the firm union of the ruptured sclerotic is hard to say. If the lens is pressing on the ciliary region, the eye will probably not long remain quiet as it now is.

Swelling of the Lachrymal Gland?—A little girl, aged 6, has what was supposed to be swelling of the lachrymal gland; the lid over it is tender and red, and a tumor where the gland should be. The eyelids were closed. From the general condition of the patient, cod-liver oil and quinine were ordered, under which the swelling disappeared too rapidly for anything like an abscess, &c.

Swelling of the Lachrymal Gland.—A little girl, æt. 4, has œdematous swelling of the right lid and serous infiltration of the outer part of the conjunctiva. In this œdematous swelling, the lachrymal gland could be felt *in situ*, as large as a filbert. A leech and warm-water lotions reduced the whole. About this case there was no doubt. The

previous one was not as clear at the time it was first observed. The last child had had eczema and a sty on the lower lid some six months before.

Retinal Hæmorrhage.—A man, æt. 45, complains that all the central field of vision has gone, and ophthalmoscopic examination reveals a retinal hæmorrhage covering the macula lutea and reaching to the optic papilla. Considerable albumen was found in the urine, and the hæmorrhage therefore attributed to renal disease, as was also shown by other symptoms. The case was, therefore, not treated at the Infirmary.

Coloboma Iridis downwards in both Eyes.—A little girl, æt. 7, has congenital coloboma iridis. The pupils are two thirds of an oval, fortunately downwards, and therefore not covered by the lids. The patient, although a request was made, was not brought again for ophthalmoscopic examination, to ascertain whether the choroid was also imperfect. The pupils were nearly symmetrical, and gave the child a peculiar look, exactly as if a very careful and successful double iridectomy had been done, as for congenital stationary nuclear cataract. In such cases there is generally an absence of the choroid, the width of the deficiency in the iris, towards and nearly up to the optic papilla. This the ophthalmoscope shows very perfectly; the drawing of a case is to be found in the *Klin. Monatsblätter f. Augenheilkunde*, vol. v., p. 65. These cases show the anatomical relation of the choroid and iris. The retinal vessels are generally found running over the space where the choroid is absent, although vision is here deficient—i. e., the field of vision is defective over a space corresponding to this. This little patient was too young to attempt to obtain any examination of the visual field.

Bibliographical Notices.

Atlas zur Pathologie der Zähne. Bearbeitet von Weil. Prof. Dr. M. Heider und Prof. Dr. C. Wedl. Die Zeichnungen Sämmtlich nach der Natur aufgenommen von Dr. C. Heitzmann.

Atlas to the Pathology of the Teeth. Arranged and explained by the late Prof. Dr. M. Heider and Prof. Dr. C. Wedl. The Drawings from Nature by Dr. C. Heitzmann. Leipsic, London and New York.

We have just received from Prof. Wedl, of Vienna, two parts of the atlas on dental pathology, the forerunner, as we are informed by private letter, of an extensive text-book on the same subject by this distinguished histologist. The portions of the atlas already issued contain eight folio plates and eighty-one beautifully executed drawings on stone of preparations from the pathological collections of the late Prof. Heider. Two more parts will complete the series and form a work especially valuable in America, the paradise of dentists and the home of the most enlightened dental science.

We are told by one of the professors in the Dental School that no satisfactory work on the subject at present exists, and, with the exception of here and there a chapter in general works on the teeth, dental pathology is sadly neglected. No persons could better fill this gap which is felt to exist in medical, and particularly dental education, than the Professors above named. The one, dying after a long and successful term as an instructor in the Vienna University, left a collection of preparations in dental pathology of great value, and the materials of this work; the other has worked through a long life as a faithful student of nature, and has added many valuable monograms to science. The latter has now carefully arranged the atlas, and is busy on the text of the work.

The atlas should find a place in the library of every pathologist, as well as dentist and dental student. F. H. B.

Vol. III.—No. 9

Medical and Surgical Journal.

Boston: Thursday, April 1, 1869.

THE CHILDREN'S HOSPITAL.

In announcing the incorporation and establishment of the Children's Hospital, we are permitted by the Secretary to make extracts from a statement which was drawn up by four physicians of Boston, in reference to the accomplishment of the plan; we are thus enabled to explain to the profession the initiatory steps already taken for the foundation of so desirable a charity.

With the exception of a hospital which was started by a gentleman some years ago, which continued a year or two and was then abandoned, Boston has never had a hospital exclusively for the care of sick children. Nevertheless, those who are

called to practise among the poorer classes know full well the sad mortality of children in these classes, the impossibility of obtaining the proper care, cleanliness, and hygienic surroundings, the reluctance and comparative inability of our existing institutions to receive children into their wards. Many of us have been witness to the good results which have been accomplished in the hospitals of the Old World for the exclusive care of children, and have longed for a similar institution in our own city. With these considerations and some others in mind, we gladly welcome the establishment of a new and noble charity.

The actual need of such an institution can hardly fail to impress itself on the mind of every candid practitioner. The Dispensary physician is constantly and painfully made aware how his directions are neglected, his practice rendered void and his patients killed by the carelessness, the ignorance and the stupidity of their families. We may fairly assume, moreover, that for one child whom disease kills, there are many whom it, more or less, cripples for life, and who, from the cradle to the grave, never enjoy the full possession of health and strength. We cannot hope to take care of *all* the children in the city; but we can look for the amelioration, to a greater or less degree, of some of the evils of sickness; we can hope for some lives saved and some sad hours made easy. We are, therefore, glad to know that many of the most influential men of our community have become deeply interested in this work, and are heartily coöperating for its successful establishment.

We let the medical projectors of the plan tell their story in their own words:—

"The plan which it has been proposed to carry out in this charity has a threefold object; viz.:—

1. The medical and surgical treatment of the diseases of children.

2. The attainment and diffusion of knowledge regarding the diseases of children.

3. The training of young women in the duties of nurses.

We wish to accomplish this threefold object by the formation of a corporation, which shall authorize the organization of a suitable hospital, and place it under the care of a board of managers, chosen from their own number.

Is the charity needed? We answer that, in our daily professional walks, we see, at the public hospitals, the central office of the dispensary, and in practice among the poor and the working people, that the children are constantly exposed to influences which invite disease in its saddest forms; and the attendant is expected to do that for these classes, which he frequently finds it difficult to accomplish for those in the happiest circumstances. Medical statisticians well know the sad fatality of children in our community; medical practitioners are painfully aware that the hygienic influences which surround the children of the poorer classes are of the worst description. We desire to afford these sufferers, for darkness, the sunshine from heaven; for filth and disorder, cleanliness and system; for the rough word or neglect—maychance a blow or threat—gentleness, kindly attention, encouragement; for mephitic odors, sweetness and purity in their truest sense.

Again, it is constantly falling under our observation, that, among those of this class who are doing their best to live respectably; whose dwellings, although humble, are neat and orderly; who have a laudable desire to rise out of their present condition, and who have every good intention in serving their disabled children—many are unable to carry out the proper treatment. It is impossible to leave stated tasks to give the needed medicine at the right time, or to apply the proper dressing. It is hard for one to watch all night, after bodily toil all day; nature will overpower the senses, however strong the affections.

Among the thousand ills to which these children are subject, there are what we know as acute wasting diseases, such as scarlet fever, bronchitis, fevers; hip disease, abscesses, &c. If these diseases do not entirely exhaust nature and cause death, they very frequently leave the patients with enfeebled frames, and many a little ache and ail which future years only serve to strengthen, not efface. Many, very many children sink into early graves, and greatly swell the bills of mortality of those

who die before reaching adult life. We not only desire to treat these cases, and such as these, successfully, but we also wish to give a tone to the general health of our patients, which may have an influence on their future life. It is in aid of these sufferers that your medical committee stand ready to exert themselves, only asking your sympathy and coöperation in their labors.

What means have we now in our city for the medical and surgical treatment of children? Children are considered undesirable patients in a hospital, and therefore no provision on an extended scale is made in our existing institutions. Although often received and kindly cared for in our present hospitals, it is undoubtedly the fact that the interests of our various institutions cannot allow them to receive many children as patients. Moreover, these little sick children are entirely out of place among sick adults. Adults can complain, if they are neglected; the little fellows cannot do so, or fear prevents them. Our well-ordered charities will not permit neglect or ill-treatment of any one; nevertheless the liability to neglect exists. The beds and general appliances and conveniences of an adult hospital are not fitted to children. Physicians and nurses for children should have a peculiar adaptedness for the management of their young charges. All these matters are well understood by yourselves, interested as you all are, or have been, in public charities.

We cannot help mentioning, aside from the medical welfare of the children, a fact which we have noticed in some of our exemplars, both in this country and Europe; namely, the powerful influence which they are exerting in another direction, by removing, even for a short period, some of the little rough shoots of society from scenes where every moral and mental tendency seems to be in the wrong direction—and *humanizing* them. 'A few weeks with us,' said a noble Christian woman—at the head of one of the New York institutions—to us a week or two ago, 'gives a different expression to their faces, and a different tone to their whole characters.' . . . .

Even in so short a time as one month, the expression of the face of the, at home, perverse and ugly, becomes humanized by—let us say—the divine influence, surrounding them. God's blessing seems to be upon these places; we earnestly pray him to continue and sustain them.

We believe that, apart from the actual medical treatment of sick and injured children, there is a want in our community which has long been felt in our medical schools, though provided for in foreign cities; namely, an opportunity to study infantile disease. We quote from the experience of a well-known children's hospital in London in reference to children's diseases: 'These, every mother and every nurse knows, or ought to know, are so sudden, so fluctuating, and so mysterious in their nature, and often so fearfully rapid in their fatality that they furnish a distinct branch of medical science, the importance of which can hardly be sufficiently recognized. For people forget that on the health of the growing up generation hangs that of generations more; also, that it is not merely the alternative between life and death, but between wholesome, happy, enjoyable life, and the innumerable forms of death in life which an unhealthy or neglected childhood entails upon the innocent sufferers to the end of their days.'

Still farther, we wish, in connection with the hospital, to initiate a system, hitherto unknown in Boston, of intructing young women of the middle and lower classes in the duties of nurses, both for children and adults. . . . . .

We have worked silently and carefully for more than a year in studying the wants of the community, and in perfecting the plans which we ask your coöperation in carrying out. These plans we have fully reported to yourselves, and shall gladly communicate whenever desired by proper persons. . . . . .

It is sufficient to say, that, so soon as a corporation is formed, and a board of managers appointed, we shall be ready to point out to them how our plans can be carried into successful operation.

In conclusion, let us venture to hope that you will clearly see the need of an institution for sick children in our city, and the undoubted benefit to our community of

such a charity. We feel justified in saying that we believe it will become an honorable, as it will be a popular, charity; and, for the furtherance of our efforts, we again ask your sympathy and support."

☞ Attention is called to the advertisement headed "Infants' Hospital, Randall's Island, New York City."

On opening the *The Dental Cosmos* for March, we noticed that the leading article was by J. H. McQuillen, M.D., the Senior Editor; its subject, the "Action of Anæsthetics on the Blood Corpuscles." On reading it, we found it to contain a report of important original observations, and marked for extract the passages we give below. We also wrote immediately to Dr. McQuillen, soliciting the loan of the wood-cuts illustrating the letter press. Through his kindness in granting our request, we are enabled to furnish the extracts illustrated by the original delineations.

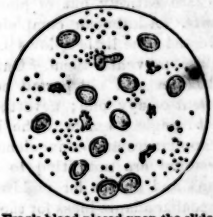
The results but briefly stated in our extracts were reached through a vast number of experiments.

"When under the prolonged influence of nitrous oxide referred to, one of the blood-vessels of this animal [a rabbit] was opened for the purpose of examining the blood corpuscles under the microscope, and ascertaining whether they had become disintegrated or any change had taken place in their form. On examination, no perceptible difference was observable, even after this lengthened exposure to the anæsthetic, when compared with the blood of another rabbit, which was not under its influence. This result induced me to examine into the statements made by Dr. Sansom, relative to the action of anæsthetics on the blood corpuscles, in his interesting and able work on chloroform.* . . . . . .

"In drawing [his] conclusions, of an altered condition of the blood, from appearances presented by the blood *out of the body*, Dr. Sansom evidently leaves it to be inferred that somewhat if not exactly analogous results are produced on the corpuscles *in the body*, when human beings or animals are under the influence of anæsthetics by inhalation. After a patient, oft-repeated series of experiments performed by me during the past three months, not only on blood out of the body, but also in cases in which human beings and animals have been placed under the influence of ether, chloroform, and nitrous oxide, and the blood drawn from them *prior* to and *after* the administration of these agents has been carefully *examined* and *compared*, the results obtained compel me to take very decided exceptions to such conclusions being justifiable in the premises.

"*First Series.*—The experiments were as follows:—In my examinations of the blood of man and animals, when ether and chloroform were brought in direct contact with it out of the body, under a fifth objective, the discharge of the nuclei and the disintegration of the corpuscle have invariably occurred, and in the frog leaving a result similar to that which is presented in the accompanying drawing (Fig. 1), from one of

Fig. 1.



Frog's blood placed upon the slide, and chloroform brought in direct contact with it.

my specimens, wherein it will be observed that the field is occupied by the nuclei, *débris* of disintegrated globuline and corpuscles, in which the change of form, size, and other characteristics are most striking.

"*Second Series.*—On placing, however, two glass sides containing frog's blood over watch-crystals, one holding chloroform and the other ether, and covering them with glass finger-bowls for half an hour, thus exposing one to an atmosphere of ether, and the other of chloroform, I found, on removing the bowls, and permitting the bloody sides of the slides to remain downward, until all the ether and chloroform had evaporated, that no disintegration or marked change in the form of the corpuscle was observable under the microscope, on comparing them with the blood of a frog unaffected by an anæsthetic. This forcibly demonstrates the difference between exposure to *direct contact* and the *vapor* of chloroform, even out of the body.

* Chloroform, its Actions and Administrations. By Arthur Ernest Sansom, M.B., London. Philadelphia: Lindsay & Blakiston.

"*Third Series.*—Over and again, in the presence of a number of gentlemen, I have placed frogs under the influence of ether, chloroform, and nitrous oxide, and examined their blood corpuscles immediately after without finding any disintegration or change in the form of the corpuscle. In one instance, a frog was so completely narcotized by chloroform that it died; the thorax of the animal was opened, the lungs cut out, and the blood obtained directly from that organ; and even here, where, if the inference of an altered blood was correct, there should have been discharge of nuclei, disintegration, or *marked* change in the form of the corpuscle, nothing of the kind was evident, as will be seen by the accompanying illustration, drawn from the slide on which the blood was placed. (Fig. 2.) As

FIG. 2.

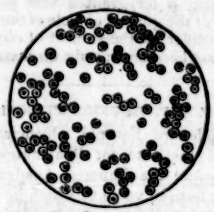
Corpuscles from the lungs of a frog which died under the influence of chloroform.

already intimated, the experiments in this direction have been prosecuted on every available occasion within the past few months; and I have not confined myself to frogs, but, in the course of vivisections on a large number of animals (rabbits, dogs, cats, and pigeons), to illustrate my course of lectures on physiology this winter, when these animals have been placed under the influence of ether or chloroform, their blood has been examined, and no change in the form of the corpuscle has been evident.

"*Fourth Series.*—The examination of the blood of a number of human beings, drawn prior to and after having been under the influence of ether, chloroform, or nitrous oxide, for the extraction of teeth, has yielded similar results, as will be evident from the accompanying illustration of the blood, obtained from a patient (Fig. 3) while under the influence of chloroform. Any one accustomed to microscopical examinations will recognize the normal characters of the corpuscles, so far as it is possible to present them in a wood-cut.

"The results of these investigations were recently presented to the members of the Microscopical and Biological Department of the Academy of Natural Sciences, illustrated by a large number of microscopical slides, and although some time has elapsed since the blood was placed on many of them, the corpuscles retain their form unchanged. . . . . .

FIG. 3.



Corpuscles of a patient under the influence of chloroform.

"I cannot refrain from saying, when taking into consideration the readiness with which fluids absorb gases, that undue prominence apparently has been given by physiologists to the blood corpuscles as *the* carriers of oxygen to the tissues, and carbonic acid gas to the lungs, for it is reasonable *to infer that the liquor sanguinis is actively engaged in this operation.* After the most careful examination under the microscope, I have been unable to observe those modifications in the form of the corpuscles in venous and arterial blood, changing from biconvex to biconcave disks, and attributed to the absorption of the gases, of which so much is said in the books."

IN a circular we have received from the office of the "Massachusetts Society for the Prevention of Cruelty to Animals," dated Boston, March 17, 1869, it is stated that the Society is doing a work which needs to be done, and relies upon humane people to sustain it. The names of its officers indicate that it has the sympathy of the best men in the State. But while we feel that Cruelty to Animals has lessened since its organization, yet we daily witness and read of transactions which prove the need of further effort. We are constantly invited to extend our work, and we desire and ought to do so, while there continues to be the cruel beating and overloading of horses on teams, horse cars and omnibuses—the under-feeding and cruel exposure of animals, the bleeding of calves, bagging of cows—while cattle are often without food or water

for thirty to forty hours on our railroads, while old, worn-out, diseased and galled horses are daily worked, and while there are various other forms of cruelty practised which need not here be named. But not only to check these cruelties do we ask support, but to help to educate men, women and children in love of animals, and through them in greater love for their fellow beings.

We take it for granted that individuals may favor the general objects of the Society, and yet differ on the subject of *vivisections*, which has been so warmly discussed.

NOTES FROM UNION MEDICALE.

Dr. Edouard Fournié, physician to the Imperial Institute for Deaf-mutes, read a paper before the Imperial Academy, on a peculiar form of voice to which he gave the name of *La voix eunuchoïde*. It is characterized as follows: 1. The diapason is an octave above that of the ordinary voice; 2. The *timbre* has not the ordinary masculine quality, and approximately resembles the squeaking voice of eunuchs; 3. This voice is emitted by a perfectly sound organ, which, anatomically, does not differ from the larynx of a man with a normal voice; 4. Laryngoscopic examination enabled the author to ascertain that the foregoing characteristics are due to a functional trouble, or, in other words, to a vicious mode of emitting the sound; which consists in uttering the tone according to the "mixed register," and not in accordance with the "chest register;" 5. This bad habit is traced back to the epoch of the change of voice: in certain individuals the phenomena of the change of voice being accompanied by an inflammatory condition, which causes pain during the emission of vocal sound. . . . M. F. has adopted a system of vocal gymnastics for this abnormal habit of utterance, which, he says, always overcomes it.

Dr. L. Mandl reports a case of *gangrene of the lung*. Phthisis had been diagnosticated by another physician. Dr. M. found the patient much reduced; keeping his bed; excessively annoyed by copious fœtid expectoration; and having a very quick pulse. There was complete anorexia. Physical examination gave dulness, pectoriloquy, gurgling and "*souffle*" in the lower posterior portion of the left lung. There was also a crepitant râle and diminished resonance beneath the clavicle of the same side. Nothing noticeable on the right side. There had been frequent hæmoptysis. . . .

Dr. Mandl prescribed two "flying cauterizations" on the left shoulder-blade; and fumigations of infusion of althæa with the addition of a small proportion of carbolic acid. Morphine was also given. During the first month of this treatment (May) there was diminution of the violence of the cough, and of the vomiting which the patient had previously suffered from. The sleep was more calm. In June the proportion of carbolic acid was increased. Pills of chloride of sodium were given. The appetite was satisfactory; digestion performed with facility; sleep improved; diminished sensation of weight in the side; slight diminution of expectoration. Subsequently, the fumigations having been for a time omitted, they were renewed with "essence" of turpentine made into an emulsion with glycerine. It does not clearly appear whether or not the carbolic acid was also used again. Another cauterization was made with Vienna paste. The patient began to walk about in July. In September convalescence commenced. In October Dr. M. ascertained the complete disappearance of the moist râles in the left lower lobe. Under the clavicle of the corresponding side jerking respiration persisted. But the general health was most satisfactory; and the patient returned to his usual avocations.

Minute Anatomy of the Skin in Erysipelas.—From a review in the *Gazette Hebdomadaire, &c.*, we learn that the skin, as affected by erysipelas, has been miscroscopically examined by M. Vulpian, in France, on the one hand, and by R. Volkmann and F. Stendener, in Germany, on the other, with results in some respects conflicting. The reviewer, however, thinks that these explorations have thrown light upon several points in the pathological process in erysipelas; and have shown that there is a rapid and considerable infiltration of pus globules (leucocytes) into the derma and subcutaneous cellular tissue; a rapid disappearance of the infiltrated elements, by

absorption and speedy destruction; disturbance in the circulation, with some changes in the lesser vessels. These points the reviewer considers settled. The explorations were made on the dead subject at points where the erysipelatous process was at its height.

Tuberculosis of the Choroid.—In the session for Dec. 9th of the Berlin Medical Society, B. Fränkel reports two cases, where meningeal tuberculosis was diagnosticated by the aid of the ophthalmoscope. In the first case, that of a girl of 6 years, vision and consciousness remained unimpaired until death, and no subjective symptom that could prove the existence of meningitis was observed. The second case, in a boy of 8, was so far similar, that the physician "was enabled, from the appearance of the eye alone, to establish the diagnosis, which otherwise would have been entirely uncertain." Hyperæmia of the retina was observed, and, close to the papilla, a white, roundish spot of about one-sixth the diameter of the latter. Three other such spots were afterwards discovered, all fully exhibiting the characteristics of tubercles of the choroid. For four weeks the patient "made no complaint whatever of his eyes; he read, wrote and saw as usual, had neither sparks before his eyes, nor photophobia." "Six weeks after the diagnosis of general tuberculosis was made, appeared the first distinct symptoms of tubercular meningitis." "Both children, at the time of the discovery of the tubercles of the choroid, were in the possession of full consciousness, and showed no subjective symptoms referable to the eye." The tubercles were observed to increase in size as the disease went on; and the autopsy showed the presence of many others in the choroid which had escaped observation during life. The base of the brain presented the appearances characteristic of tubercular meningitis.—*Allg. Med. Central Zig.*, No. 12, 1869. D. F. L.

Extracts from the Report of a Case of Hour-glass contracted Stomach.—Dr. W. Thornley Stoker laid before the Society a specimen which he had recently removed from the abdomen of a female subject lying in the dissecting-room attached to the College of Surgeons. It was an instance of a peculiarly rare and interesting condition of the stomach—namely, the division of that organ into two portions, a right, or pyloric, and a left, or œsophageal, pouch. The entire length of the two parts, from right to left, was rather more than twelve inches, and they were obliquely situated in the abdomen, the left being most superior. The œsophageal division, which was more or less globular in form, was the larger, having a capacity of thirty-four ounces; whilst the right portion, which somewhat resembled the usual form of the viscus, held but twenty-five ounces of water.

The constricted part between the two was about an inch in length by three-quarters of an inch wide, and had a peculiar twisted appearance, which became less apparent when the left pouch was distended, and which Dr. Stoker conceived might have acted as a valve, by so untwisting and opening the passage from one cavity to the other.

[Here follows a more minute description. No ulcer is spoken of.]

A careful examination showed that no abnormal condition existed in any other part of the intestinal tract, excepting that the duodenum, which crossed the spine in its usual situation, was somewhat larger than it generally is. As far as he (Dr. Stoker) could ascertain the history of the case, the woman, who was forty-three years of age, and who had been an inmate of the North Dublin Union, had died from lung disease, and had shown no symptoms referable to the state of her stomach.—*Dublin Medical Press and Circular.*

The Sanitary condition of Nice.—It is, in fact, now being recognized that most people should leave Nice as soon as possible after the beginning of January, in order to avoid its winds and dust. The season consequently grows yearly shorter. Sometimes the winds hold off till February; but unhappily, as I have said, this year they are early.

There is another inconvenience and danger at Nice, which, inasmuch as it can be removed, ought to be brought again to the notice of the authorities. I mean the foul smells arising from the neglect of drainage. This is a growing evil that threatens the prosperity of the town as nothing else does; for there are numberless people who will come to Nice for pleasure if it is not necessary for health, but who would vanish on the outbreak of a pestilence. The rapidity of its growth is almost incredible, the apathy about sanitary laws disgraceful. During the last three years Nice, so far as the visitors' quarters are concerned, has almost doubled.—*Ibid.*

Medical Miscellany.

EXTRACT FROM THE REPORT OF THE TRUSTEES OF THE CITY HOSPITAL, BOSTON.—The following is a statement of the number of patients treated during the past year:—Patients in hospital, Jan. 1, 1868, 141. Admitted, medical, 1,133; surgical, 880; ophthalmic, 61; smallpox, 4. Total, 2,219. Discharged, 1,875; died, 163; remaining, 181. Largest number of patients in hospital at any one time, 230; smallest number of patients in hospital at any one time, 137; daily average number of patients in hospital, 172. Medical out-patients, 3,851; surgical out-patients, 2,732; ophthalmic out-patients, 1,652; cutaneous out-patients, 559. Total, 8,794. Number of visits of out-patients:—medical, 9,672; surgical, 5,460; ophthalmic, 13,104; cutaneous, 1,520. Total, 29,756. By reference to the report of the Superintendent, it will be seen that although the number of patients treated has increased 33 per cent. for the year, the proportion of deaths is lower than ever before in the history of the hospital, being 7 3-10ths per cent. This fact, considering the number of severe cases treated, is very gratifying, and is a strong proof of the skill and fidelity of the Board of Physicians and Surgeons.

AMERICAN MEDICAL ASSOCIATION.—The following is a portion of a circular we have received:

Meeting at New Orleans, May 4, 1869.—I am authorized by the Atlantic and Mississippi Steamship Co., of St. Louis, to say that they will carry physicians and their wives to attend the meeting of the Association, at the following rates, viz.:—From St. Louis to New Orleans, each passenger, $20.00. From Cairo to New Orleans, each passenger, $18.00. From Memphis to New Orleans, each passenger, $15 00. Returning—from New Orleans to Memphis, each passenger, $15,00. From N. Orleans to Cairo, each passenger, $18.00. From New Orleans to St. Louis, each passenger, $20,00. The Company start a first-class steamer from St. Louis every 48 hours, Sundays included, and the usual time from St. Louis to New Orleans is about six days, and from Cairo to New Orleans about four and half days. Passengers can go on any of their boats at the above rates, which include meals and state-rooms. The steamer which will, however, take down the great body of physicians wishing to travel by the river, will leave St. Louis at 5 o'clock, P.M., on Wednesday, the 28th of April; Cairo on Thursday evening, after the arrival of the afternoon train on the Illinois Cen. R. R.; and Memphis on Friday evening, reaching New Orleans from Monday noon to Tuesday morning. JAMES F. HIBBERD, M.D.,

Richmond, Ind.

INTERNATIONAL PHYSIO-PATHOLOGY.—To definitively settle the question of the seat of aphasia, it is proposed to institute a comparison between the American brain and that of other nations. If the organ of speech-making be where it has lately been claimed to be, the left anterior lobe of Brother Jonathan's brain ought to show something special in the way of development.

AN inquiry into the death of the patient at the Worcester Infirmary from the administration by mistake of carbolic acid as an enema has taken place. The case seems to have been one of pure carelessness on the part of the dispenser, who, having neglected to make the prescription up on the day on which it was ordered, dispensed it on the following day from memory, and at haphazard put on the bottle the name of the deceased. At a special meeting of the governors, a resolution was adopted, with but two dissentients, to the effect that the deceased patient's death had been caused by the gross negligence and misconduct of the dispenser, and recommending that he be prosecuted for manslaughter. There can be no doubt, however, that the chief cause of the accident was the ambiguous meaning of the word "injection."—*London Med. Times and Gazette.*

THE FIRST MEDICAL WORK IN THIS COUNTRY.—Thomas Thatcher, the first minister of the "Old South Church," Boston, Mass., was the author of the first medical treatise printed in this country.

DR. PAGET has been re-elected to represent the University of Cambridge in the General Medical Council, for a period of five years.

MEDICAL DIARY OF THE WEEK.

MONDAY, 9, A.M., Massachusetts General Hospital, Med. Clinic. 9, A.M., City Hospital, Ophthalmic Clinic.
TUESDAY, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Surgical Lecture. 9 to 11, A.M., Boston Dispensary. 9-11, A.M., Massachusetts Eye and Ear Infirmary.
WEDNESDAY, 10, A.M., Massachusetts General Hospital, Surgical Visit. 11 A.M., OPERATIONS.
THURSDAY, 9 A.M., Massachusetts General Hospital, Medical Clinic. 10, A.M., Surgical Lecture.
FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.
SATURDAY, 10, A.M., Massachusetts General Hospital Surgical Visit; 11, A.M., OPERATIONS.

TO CORRESPONDENTS.—The following communication has been received:—Diseases of the Jaws.

PAMPHLETS RECEIVED.—Report of the State of the New York Hospital and Bloomingdale Asylum, for the year 1868.—Remarks on Dr. Sayre's Paper entitled "A New Operation for Artificial Hip-joint, in Bony Anchylosis." By Louis Bauer, M.D., of Brooklyn, N. Y.—Proceedings of the American Pharmaceutical Association at the Sixteenth Annual Meeting, September, 1868.

DEATHS IN BOSTON for the week ending Saturday noon, March 27th, 120. Males, 53—Females, 67.—Accident, 2—anæmia, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 7—bronchitis, 1—consumption, 23—convulsions, 2—croup, 9—debility, 2—diarrhœa, 1—diphtheria, 1—dropsy of the brain, 4—epilepsy, 1—erysipelas, 3—scarlet fever, 7—disease of the heart, 5—hæmorrhage, 1—hip disease, 1—disease of the kidneys, 1—disease of the liver, 2—congestion of the lungs, 4—inflammation of the lungs, 7—measles, 1—cerebro-spinal meningitis, 1—old age, 6—paralysis, 3—peritonitis, 2—premature birth, 4—puerperal disease, 3—scrofula, 1—suicide, 2—teething, 1—tumor, 1—unknown, 7—whooping cough, 1.

Under 5 years of age, 47—between 5 and 20 years, 8—between 20 and 40 years, 25—between 40 and 60 years, 19—above 60 years, 21. Born in the United States, 83—Ireland, 30—other places, 8.